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Title: Nuclear Air Treatment System with HEPA Filter Plenums

Author(s): Spitzmiller, TJ

Intended for: DOE
REO
Air quality
Reading Room
Request Expression of Interest



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Title: Safety Significant Nuclear Air Treatment System with HEPA Filter Plenums

Author(s): Michael A. Murphy
TJ Spitzmiller

Intended for: Fed Biz Ops
Green Network
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Notice for Federal Business Opportunities

General Information

Document Type: Sources Sought

Solicitation Number: 158710

Title: Safety Significant Nuclear Air Treatment System with HEPA Filter Plenums

Response Date: 09/19/2011

Classification Code: 41

Set Aside: No

NAICS: 333120,333923,

Is this a Recovery Act project? (NO)

Acquisition Services Management

Los Alamos National Laboratory

CMRR Project

Los Alamos National Laboratory, PO Box 1663 MS E550, Los Alamos, NM 87545.

Point Of Contact:

TJ Spitzmiller

tjspitz@lanl.gov



Request For Expression of Interest

Design, Fabricate, and Deliver

Safety Significant Nuclear Air Treatment System with HEPA Filter Plenums

For

The Chemistry & Metallurgy Research Replacement (CMRR) Facility.

Los Alamos National Laboratory (LANL) is seeking Expressions of Interest and Prequalification Data from qualified firms for the services described below.

GENERAL NOTES:

The Chemistry and Metallurgy Research Replacement (CMRR) Project is issuing Requests for Expressions of Interest and Prequalification Data (REO) for potential procurements of engineered equipment for the planned CMRR Nuclear Facility at the Los Alamos National laboratory. A bidders list will be developed for each type of engineered equipment to be procured. This action will be followed by issuance of formal Requests for Proposal (RFP) and the bid, evaluate, award (BEA) cycle will follow. The successful bidder will be released to perform design activities upon award.

The balance of the work (material purchase, fabrication, delivery) will be released upon completion of the Supplemental Environmental Impact Study (SEIS), the Record of Decision (ROD), and National Nuclear Security Administration's (NNSA) authorization to proceed.

The reason for proceeding in this manner is to resolve design criteria, allow for design progress, and reduce design risk without reaching a final design that commits the agency to a single option.

This request does not represent any confirmation by LANS of inclusion on the final bidders list, notification of subcontract award or authorization to commence any work related to this request. Equipment fabrication is not currently authorized and will be dependent upon Government approval after the NEPA process is complete.

SCOPE OF WORK:

The CMRR Project will need Safety Significant Nuclear Air Treatment Systems for the CMRR Nuclear Facility HVAC system at Technical Area 55 of the Los Alamos National Laboratory (LANL). There are a total of 6 Nuclear Air Treatment Systems:

1	Zone 1 Exhaust System
2	Zone 2 Exhaust System
3	Zone 3 Recirculation System
4	Zone 3 Basement Ventilation System

5	Zone 3 PF-4 Tunnel Ventilation System
6	Vault Ventilation System

The Systems shall include:

- Nuclear Air Treatment System Housing
- Isolation Dampers
- Electric and Pneumatic Actuators
- Fire Screens
- Filter Frames
- Moisture Separators
- Test Manifolds
- Cooling Coils
- Fans
- Electrical Motors
- Deluge Spray
- Limit switches
- Solenoid Valves
- Root Valves
- Drain Valves
- Leakage Test Valves

The Safety Significant Nuclear Air Treatment Systems shall be constructed to meet and exceed the functional requirements and quality standards defined by ASME AG-1-2003, Code on Nuclear Air and Gas Treatment, and NQA-1 2008 with 2009 addenda, Quality Assurance Requirements for Nuclear Facility Applications. Additional requirements include but are not limited to:

To meet seismic qualification requirements for Performance Category PC-3.

To provide System testing according to ASME AG-1

The project is currently committed to ASME NQA-1 2008 with 2009 addenda. Reference within other ASME Codes, such as ASME AG-1 2003, to ASME NQA-2 have been reconciled to NQA-1 2008 with 2009 addenda and NQA-1 should be used.

Systems installation will be done by others under the supervision of the successful bidder.

Supplier Requirements:

Demonstrated safety performance equal to or lower than the following standards:

Statistical Standards		
Experience Modification Rate	The "EMR" is a number that is assigned to your company based on the insurance premium you pay and your loss statistics. Contact your insurance company for these numbers.	Maximum Allowable Average: 1.00
Total Recordable Injury/Illness Case Rate (from Company OSHA 300 log)	Rate = $\frac{\text{Total Recordable Injuries/Illnesses} \times 200,000}{\text{Total Employee Hours Worked}}$	Maximum Allowable Average: 3.2
DART Case Rate (Days Away From Work, Restriction, or Job Transfer) (from Company OSHA 300 log)	Rate = $\frac{\text{Total Days Away/Restricted/Transferred Work Day Cases} \times 200,000}{\text{Total Employee Hours Worked}}$	Maximum Allowable Average: 1.4

- Minimum of 5 years experience providing like equipment
- Provide your Organizational structure
- Table of contents from your Quality Assurance Manual and completion of the attached Quality Questionnaire.
- Listing of references who can confirm your capabilities. References must be based on work performed within the last 5 years, but with an emphasis on the last 3 years.

Interested contractors that meet the above criteria may contact: TJ Spitzmiller, CMRR Procurement (tjspitz@lanl.gov) or Theresa Paisano (theresap@lanl.gov).

SUPPLIER / CONTRACTOR QUESTIONNAIRE

Enter Dun and Bradstreet (DUNS) Number:			
1. GENERAL INFORMATION			
NAME OF COMPANY (Full Legal Name)			
STREET ADDRESS		CITY - STATE - ZIP CODE	
MAILING ADDRESS		CITY - STATE - ZIP CODE	
TELEPHONE	FACSIMILE	E-MAIL	
WEBSITE	TELEX/TWX/CABLE	OTHER	
A. Type of Business (check box or boxes) <input type="checkbox"/> CORPORATION OR COMPANY <input type="checkbox"/> SUBSIDIARY <input type="checkbox"/> DIVISION <input type="checkbox"/> PARTNERSHIP			
Name and location of Parent Company		DUNS No.	
If a Division, enter name and location of Corporate Headquarters		DUNS No.	
<i>If more than one DUNS number applies to your operation, attach additional explanatory page(s).</i>			
B. Type of Facility (check box or boxes) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> MANUFACTURER/FABRICATOR</div> <div style="width: 50%;"><input type="checkbox"/> DISTRIBUTOR/SUPPLY HOUSE</div> <div style="width: 50%;"><input type="checkbox"/> ASSEMBLY/SHOP</div> <div style="width: 50%;"><input type="checkbox"/> MANUFACTURERS REPRESENTATIVE</div> <div style="width: 50%;"><input type="checkbox"/> CONSTRUCTION</div> <div style="width: 50%;"><input type="checkbox"/> ARCHITECT/ENGINEER</div> <div style="width: 50%;"><input type="checkbox"/> TECHNICAL SERVICE</div> <div style="width: 50%;"><input type="checkbox"/> GENERAL SERVICE</div> <div style="width: 100%;"><input type="checkbox"/> OTHER (SPECIFY) _____</div> </div>			
C. Enter Applicable SIC Codes:			
D. Enter Applicable NAICS Codes (North America):			
E. Date Business Founded:		Under Present Ownership Since:	
F. Number of Employees (All Facilities)	Manual:	Non-Manual:	
G. Small, Disadvantaged, Women-Owned or Veteran Status Check Applicable Boxes <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> SMALL</div> <div style="width: 50%;"><input type="checkbox"/> WOMEN-OWNED</div> <div style="width: 50%;"><input type="checkbox"/> DISADVANTAGED:</div> <div style="width: 50%;"><input type="checkbox"/> HUB ZONE</div> <div style="width: 50%;"><input type="checkbox"/> VETERAN OWNED</div> <div style="width: 50%;"><input type="checkbox"/> SERVICE DISABLED VETERAN OWNED</div> </div>			
2. FINANCIAL INFORMATION (This section MUST BE COMPLETED for consideration. Information is kept CONFIDENTIAL.)			
A. Banking Reference:			
B. Annual Sales Volume (Last 3 Years):		YR _____ \$ _____ YR _____ \$ _____ YR _____ \$ _____	
C. Present Net Worth		Bank Phone No.	
Can you furnish a Performance Bond?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If "Yes", indicate dollar limits.	<input type="checkbox"/> To \$250,000	<input type="checkbox"/> To \$500,000	<input type="checkbox"/> To \$1,000,000
		<input type="checkbox"/> To \$5,000,000	<input type="checkbox"/> To \$10,000,000
			<input type="checkbox"/> \$25,000,000 and up
Surety _____		Agent _____	
		Phone No. _____	
D. If required, can you furnish a Bank Guarantee or Letter of Credit? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," indicate dollar limits below:			
<input type="checkbox"/> To \$250,000 <input type="checkbox"/> To \$500,000 <input type="checkbox"/> To \$1,000,000 <input type="checkbox"/> To \$5,000,000 <input type="checkbox"/> To \$10,000,000 <input type="checkbox"/> \$25,000,000 and Up			
Surety _____		Bank _____	
		Phone No. _____	

E. Current Financial Ratios (Public companies only)			
Working Capital / Total Assets		Retained Earnings / Total Assets	
Earnings Before Interest and Taxes / Total Assets		Market Value of Equity / Total Liabilities	
Sales / Total Assets			
F. Current Financial Ratios (Private companies only)			
(Current Assets-Current Liabilities) / Total Assets		Retained Earnings / Total Assets	
Earnings Before Interest and Taxes / Total Assets		Book Value of Equity / Total Liabilities	
Sales / Total Assets			
3. PERSONNEL (For this location –State “Not Applicable” if the position does not exist at this location)			
A. President:		D. Engineering Manager:	
B. Sales Manager:		E. QA/QC Manager:	
C. Production Manager:		F. Field Support Manager:	
4. LABOR RELATIONS – Shop Fabrication			
(List all crafts with which you have contracts and/or working agreements. Check here if not applicable: <input type="checkbox"/>)			
CRAFT	EXPIRATION DATE	CRAFT	EXPIRATION DATE
1.		3.	
2.		4.	

5. PLANT OPERATIONS (For this facility only. Use a separate Page 2 for other facilities)		Check here if not applicable <input type="checkbox"/>
A. Name/Address of This Facility (if different than for facility named at top of Page 1)		
Name _____	Address _____	Phone _____
		Facsimile _____
B. Number of Employees at This Facility:		C. Plant in Operation Since:
D. Do you have a Quality Assurance/ program written to comply with the following:		
Nuclear related activities – 10CFR 830, Subpart A and DOE Order O 414.1C, Contractor requirements document (Attachments 2, 3 and 4) as implemented through a quality assurance program compliant with ASME NQA-1-2008, with 2009 addenda.		
Other: Specify _____		
Non Nuclear related activities – 10 CFR 830, Subpart A and DOE Order O 414.1.C, Contractor requirements document (Attachments 2, 3 and 4) as implemented through a quality assurance program compliant with ISO 9001-2000		
Other: Specify _____		
Nuclear	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other Certification (Please Specify) _____
ISO 9001	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other Certification (Please Specify) _____
For your Quality Assurance/Quality Control program(s), attach the Table of Contents from relevant manual(s) or, on additional pages, describe the method and level of compliance standard(s).		
E. Export Capabilities	PROVIDE EXPORT PACKING? <input type="checkbox"/> YES <input type="checkbox"/> NO	FAMILIAR WITH EXPORT FORMALITIES? <input type="checkbox"/> YES <input type="checkbox"/> NO
F. Shipping Facilities	RAIL SIDING <input type="checkbox"/> TRUCK DOCKS <input type="checkbox"/> WATER ACCESS <input type="checkbox"/>	WATER ACCESS DRAFT _____ meters

6. BIDDING INTEREST AND QUALIFICATIONS

A. Indicate your relevant experience and qualifications as described in the attached "Scope of Work".
(Attach additional pages if necessary)

B. Indicate appropriate Contract/Purchase Order dollar range within which you prefer, and are currently able, to bid (i.e., \$250,000 to \$1,500,000)
\$ _____ to \$ _____

C. Indicate Industry or Code Certifications (ASME, API, TEMA, Class of Code-Stamp, etc.)

CERTIFICATION		EXPIRATION DATE	CERTIFICATION		EXPIRATION DATE
1.			4.		
2.			5.		
3.			6.		

D. Subcontract Services (List type of work normally subcontracted to others)

7. PROFESSIONAL LICENSES

Indicate the work category you are licensed for and the area(s) (Country/State/Province) in which you hold each. Attach additional pages, if necessary.

TYPE OF LICENSE		LOCATION	TYPE OF LICENSE		LOCATION
1.			4.		
2.			5.		
3.			6.		

8. ENGINEERING, ARCHITECTURAL AND OTHER TECHNICAL SERVICES CONTRACTORS / SPECIFIC DATA LISTINGS

A. In addition to circling applicable work categories in Appendix A (Goods and Services Codes), also indicate fields of specialization by your firm (i.e., chemical engineering, hydrology, geology, ecological surveying, etc.) on the bottom of the appendix.

B. List Personnel by Discipline (Number on Staff)

_____ Administrative	_____ Electrical Engineers	_____ Oceanographers
_____ Architects	_____ Estimators	_____ Planners (Urban/Regional)
_____ Chemical Engineers	_____ Geologists	_____ Sanitary Engineers
_____ Construction Inspectors	_____ Interior Designers	_____ Specification Writers
_____ Draftsman	_____ Landscape Architects	_____ Structural Engineers
_____ Ecologists	_____ Mechanical Engineers	_____ Surveyors
_____ Economists	_____ Mining Engineers	_____ Transportation Engineers

9. WORK HISTORY (Complete the attached Work History form per Appendix "C" and attach to this Questionnaire)

Also attach a list of permanent offices and any brochures that further describe your company's activities and capabilities. Please do not include product catalogs, inventory or price lists.

10. SAFETY & HEALTH EXPERIENCE (Complete the attached S&H form per Appendix "D" and attach to this Questionnaire)**11. SOCIAL AND ENVIRONMENT SUSTAINABILITY INITIATIVES** (Check all that are employed through company initiatives)

<input type="checkbox"/> Written environmental policy	<input type="checkbox"/> Products that have achieved "Cradle-to-Cradle" certification
<input type="checkbox"/> Environmental performance integrated into corporate mission	<input type="checkbox"/> Policies and practices to minimize fuel usage or use of alternative energy
<input type="checkbox"/> Social performance integrated into corporate mission	<input type="checkbox"/> Initiatives to mitigate environmental impacts of finished

	products
<input type="checkbox"/> Annual report detailing its mission-related performance (e.g. corporate social and environmental targets)	<input type="checkbox"/> Code of conduct holding subsuppliers accountable for social and environmental performance
12. COMPLETED BY:	
SIGNATURE	TITLE
NAME	DATE

APPENDICES:

APPENDIX "A" – GLOSSARY FOR SMALL, DISADVANTAGED, WOMEN-OWNED AND VETERAN ENTERPRISES

APPENDIX "C" – CONTRACTOR/SUPPLIER WORK HISTORY

APPENDIX "D" – CONTRACTOR SAFETY & HEALTH QUALIFICATION DATA

APPENDIX A

GLOSSARY FOR SMALL, DISADVANTAGED, WOMEN-OWNED, AND VETERAN ENTERPRISES

Following are definitions of small business concerns, veteran-owned small business concerns, service-disabled veteran-owned small business concerns, HUB Zone small business concerns, minority business enterprises, small disadvantaged business concerns, women-owned small business concerns and labor surplus area business concerns (all called "Enterprises") as defined by the U.S. Federal Acquisition Regulations:

Small-Business Concern	Firms, including affiliates, that are independently owned and operated, not dominant in the field of operation in which they are bidding on Government contracts, and that qualify under the criteria and size standards for small businesses in 13 CFR Part 121 as determined by the SBA.
HUB Zone	A historically underutilized business zone which is located within one or more qualified census tracts, qualified metropolitan counties, or lands within the external boundaries of an Indian reservation. HUBZone's appear on the List of Qualified HUBZone Small Business Concerns maintained by the SBA.
Veteran-owned Small Business Concern	A small business concern – (1) not less than 51 percent of which is owned by one or more veterans (as defined at 38 U.S.C. 101(2)) or, in the case of any publicly owned business, not less than 51 percent of the stock of which is owned by one or more veterans; and (2) the management and daily business operations of which are controlled by one or more veterans.
Service-disabled Veteran-owned small Business Concern	(1) A small business concern – (i) not less than 51 percent of which is owned by one or more service-disabled veterans or, in the case of any publicly owned business, not less than 51 percent of the stock of which is owned by one or more service-disabled veterans; and (ii) The management and daily business operations of which are controlled by one or more service-disabled or, in the case of a veteran with permanent and severe disability, the spouse or permanent caregiver of such veteran. (2) Service-disabled veteran means a veteran, as defined in 38 U.S.C. 101(2), with a disability that is service-connected, as defined in 38 U.S.C. 101(16).
Small Disadvantaged Business Concern (Minority)	An offeror that represents, as part of its offer, that it is a small business under the size standard applicable to the acquisition; and either – It self certifies as a small disadvantaged business concern consistent with 13 CFR part 124, subpart B; and (i) No material change in disadvantaged ownership and control has occurred since its certification; (ii) Where the concern is owned by one or more disadvantaged individuals upon whom the certification is based does not exceed \$750,000 after taking into account the applicable exclusions set forth at 13 CFR 124.104(c)(2); and (iii) It is identified, on the date of its representation, as a self certified small disadvantaged business concern in the database maintained by the SBA (Central Contractor Registration (CCR)).
Women-Owned Small Business Concern	A small business concern – 1) which is at least 51 percent owned by one or more women; or in the case of any publicly owned business, at least 51 percent of the stock which is owned by one or more women; and 2) whose management and daily operations are controlled by one or more women.

CONTRACTOR/SUPPLIER WORK HISTORY

1. If stated in the cover letter, provide only experience in work similar in type and magnitude to the identified Work Scope.

2. All awarded contracts have been satisfactorily completed, except as follows (Name any and all exceptions and reasons therefore, attaching additional pages if necessary):

5. Column Completion Notes:

- a. Name and Address. For past Bechtel work, include Bechtel Job No. and also asterisk any work requiring nuclear quality assurance.
- b. Work Description. Describe work scope and then indicate if prime or subcontract.
- c. Start/Stop. Provide starting date and actual/forecast completion by mo/yr, e.g., Jan 93/Sep94.
- d. Schedule and Budget. State either "over", "on", or "under" the contract schedule and budget.

[illegible]

APPENDIX D

CONTRACTOR SAFETY AND HEALTH QUALIFICATION DATA

NAME OF COMPANY: _____

The above named Company submits the following Safety & Health qualification data:

1. SAFETY PERFORMANCE

1.1.a Provide a brief description of each fatality your firm has incurred in the three most recent years (add pages if required):

Year 20[]	Year 20[]	Year 20[]
_____	_____	_____
_____	_____	_____
_____	_____	_____

1.1.b Provide a brief description of each fatality by any sub-tier subcontractor working under your direction has incurred in the three most recent years (add pages if required):

Year 20[]	Year 20[]	Year 20[]
_____	_____	_____
_____	_____	_____
_____	_____	_____

1.2.a Provide the following information on your firm for the three most recent years:

	20[]	20[]	20[]
a. Number of lost workday cases.	_____	_____	_____
b. Number of restricted workday cases.	_____	_____	_____
c. Number of cases with medical attention only.	_____	_____	_____
d. Number of fatalities.	_____	_____	_____
e. Number of hours worked.	_____	_____	_____

1.2.b Provide the following information on any sub-tier subcontractor working under your direction for the three most recent years:

	20[]	20[]	20[]
a. Number of lost workday cases.	_____	_____	_____
b. Number of restricted workday cases.	_____	_____	_____
c. Number of cases with medical attention only.	_____	_____	_____
d. Number of fatalities.	_____	_____	_____
e. Number of hours worked.	_____	_____	_____

2. Are accident reports and report summaries sent to the following and how often?

	No	Yes	Monthly	Quarterly	Annually
a. Project Superintendent/Site Manager.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Vice President/Manager of Construction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Safety Director	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. President of Firm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Do you hold site safety meetings for field employees both Manual and Non-Manual?

Yes ☐ No ☐

How Often?

Weekly ☐ Bi-Weekly ☐ Monthly ☐ Less Often, As needed ☐

4. Do you conduct project safety inspections?

Yes ☐ No ☐

If yes, who conducts this inspection?

TITLE

HOW OFTEN?

5. How are accident records and accident summaries kept? How often are they reported?

	No	Yes	Monthly	Annually
a. Accidents totaled for the entire company	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Accidents totaled by project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(1) Subtotaled by superintendent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Subtotaled by foreman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. How are costs of individual accidents kept? How often are they reported?

	No	Yes	Monthly	Annually
a. Costs totaled for the entire company	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Costs totaled by project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(1) Subtotaled by superintendent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Subtotaled by foreman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. List key Safety and Health personnel planned for this project. Please list name and expected position. When a project has not been specified, list key company personnel.

NAME	POSITION	PROPOSED / CURRENT PROJECT

8. Do you have a written safety & health program?

Yes ☐ No ☐

If yes, submit a copy for evaluation.

9. Do you have an orientation program for new hires?

Yes ☐ No ☐

If yes, submit a copy for evaluation. Does it include instruction on the following?

	Yes	No		Yes	No
a. Head protection	<input type="checkbox"/>	<input type="checkbox"/>	i. Fire protection	<input type="checkbox"/>	<input type="checkbox"/>
b. Eye protection	<input type="checkbox"/>	<input type="checkbox"/>	j. First aid facilities	<input type="checkbox"/>	<input type="checkbox"/>
c. Hearing protection	<input type="checkbox"/>	<input type="checkbox"/>	k. Emergency procedures	<input type="checkbox"/>	<input type="checkbox"/>
d. Respiratory protection	<input type="checkbox"/>	<input type="checkbox"/>	l. Toxic substances	<input type="checkbox"/>	<input type="checkbox"/>
e. Safety belts and lifeline	<input type="checkbox"/>	<input type="checkbox"/>	m. Trenching and excavation	<input type="checkbox"/>	<input type="checkbox"/>
f. Scaffolding	<input type="checkbox"/>	<input type="checkbox"/>	n. Signs, barricades, flagging	<input type="checkbox"/>	<input type="checkbox"/>
g. Perimeter guarding	<input type="checkbox"/>	<input type="checkbox"/>	o. Electrical safety	<input type="checkbox"/>	<input type="checkbox"/>
h. Housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	p. Rigging and crane safety	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	q. Road Safety (Driving)	<input type="checkbox"/>	<input type="checkbox"/>

10. Do you have a program for newly hired or promoted foremen?

Yes ☐ No ☐

If yes, submit a copy for evaluation. Does it include the following?

	Yes	No		Yes	No
a. Safe work practices	<input type="checkbox"/>	<input type="checkbox"/>	e. First aid procedures	<input type="checkbox"/>	<input type="checkbox"/>
b. Safety supervision	<input type="checkbox"/>	<input type="checkbox"/>	f. Accident investigation	<input type="checkbox"/>	<input type="checkbox"/>
c. Toolbox meetings	<input type="checkbox"/>	<input type="checkbox"/>	g. Fire protection and prevention	<input type="checkbox"/>	<input type="checkbox"/>
d. Emergency procedures	<input type="checkbox"/>	<input type="checkbox"/>	h. New worker orientation	<input type="checkbox"/>	<input type="checkbox"/>

11. Do you hold craft "toolbox" safety meetings?

Yes ☐ No ☐

How Often?

Weekly ☐ Bi-Weekly ☐ Monthly ☐ Less Often, As needed ☐

12. Do you have a written Hazard Communication program?

Yes ☐ No ☐

If yes, how is it implemented on each project?

13. Do you have/require Material Safety Data Sheets (M.S.D.S.) for material/chemicals/equipment?

Yes ☐

No ☐

If yes, explain field procedure for informing craft workers about potential hazards:

14. List three (3) client references that could verify the quality and management commitment of your safety program.

Name

Address

Phone No.

a.

b.

c.

Supplier Name:		
Location/Address of Manufacturing facility (ies):		
Does the manufacturer (distributors should obtain the assistance of the manufacturer to complete this) have a written Quality Assurance Program (QAP) Management System that is developed, implemented and maintained? Yes <input type="checkbox"/> No <input type="checkbox"/> [Hint: Double click on a box to default to checked, then cut-paste box for the rest of the answers.]		
QA/QC MANUAL TITLE _____		
REVISION AND ISSUE DATE _____		
ATTACH A TABLE OF CONTENTS OR LISTING AND OTHER SUPPORTING INFORMATION WITH THE QUESTIONNAIRE		
QA/QC program table of contents and other supporting information attached? Yes <input type="checkbox"/> No <input type="checkbox"/>		
IDENTIFY CODES AND/OR STANDARDS TO WHICH YOUR QA/QC PROGRAM COMPLIES.		
Codes/Standards/Supplements	Yes	No
1. DOE Order 414.1 (identify version), Attachment 2	<input type="checkbox"/>	<input type="checkbox"/>
2. ASME NQA-1 (identify year)	<input type="checkbox"/>	<input type="checkbox"/>
3. ASME Section (Certificate No. _____)	<input type="checkbox"/>	<input type="checkbox"/>
4. ISO (Certificate No. _____)	<input type="checkbox"/>	<input type="checkbox"/>
5. What industry standards do you currently use to develop software/firmware? _____		
6. Other Codes and Standards: _____		

ASME NQA-1-2008/ASME NQA-1a-2009

Indicate whether your QA/QC Manual and/or Implementing procedures address the following			
ASME NQA-1 Program Elements	Yes	No	Procedure number or QA Manual Section
ASME NQA-1, Requirement 1, Organization	<input type="checkbox"/>	<input type="checkbox"/>	
ASME NQA-1, Requirement 2, Quality Assurance Program	<input type="checkbox"/>	<input type="checkbox"/>	
ASME NQA-1, Requirement 2, Auditor/Lead Auditor Qualifications	<input type="checkbox"/>	<input type="checkbox"/>	
ASME NQA-1, Requirement 2, Qualification of Inspection and Test Personnel	<input type="checkbox"/>	<input type="checkbox"/>	
ASME NQA-1, Requirement 2, Qualification of Nondestructive Testing Personnel	<input type="checkbox"/>	<input type="checkbox"/>	
ASME NQA-1, Requirement 3. Design Control	<input type="checkbox"/>	<input type="checkbox"/>	
Do you develop software in accordance with NQA-1 software engineering requirements?	<input type="checkbox"/>	<input type="checkbox"/>	
ASME NQA-1, Requirement 4, Procurement Document Control	<input type="checkbox"/>	<input type="checkbox"/>	
ASME NQA-1, Requirement 5, Instructions, Procedures, and Drawings	<input type="checkbox"/>	<input type="checkbox"/>	
ASME NQA-1, Requirement 6, Document Control	<input type="checkbox"/>	<input type="checkbox"/>	
ASME NQA-1, Requirement 7, Control of Purchased Items and Services	<input type="checkbox"/>	<input type="checkbox"/>	
Do you dedicate commercial off the shelf software for use as a Commercial Grade Item in accordance with NQA-1 requirements?	<input type="checkbox"/>	<input type="checkbox"/>	
ASME NQA-1, Requirement 8, Identification and Control of Items	<input type="checkbox"/>	<input type="checkbox"/>	

APPENDIX E	SUPPLIER QUALITY ASSURANCE QUESTIONNAIRE (10/7/2010)	Page 2 of 4
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Indicate whether your QA/QC Manual and/or Implementing procedures address the following			
ASME NQA-1 Program Elements	Yes	No	Procedure number or QA Manual Section
ASME NQA-1, Requirement 9, Control of Special Processes Identify the welding codes _____	<input type="checkbox"/>	<input type="checkbox"/>	
ASME NQA-1, Requirement 10, Inspection	<input type="checkbox"/>	<input type="checkbox"/>	
ASME NQA-1, Requirement 11, Test Control	<input type="checkbox"/>	<input type="checkbox"/>	
ASME NQA-1, Requirement 12, Control of Measuring and Test Equipment	<input type="checkbox"/>	<input type="checkbox"/>	
Do your reference standards have a minimum accuracy four times greater than that of the measuring and test equipment being calibrated?	<input type="checkbox"/>	<input type="checkbox"/>	
ASME NQA-1 Requirement 13, Handling, Storage, and Shipping	<input type="checkbox"/>	<input type="checkbox"/>	
ASME NQA-1, Requirement 14, Inspection, Test, and Operating Status	<input type="checkbox"/>	<input type="checkbox"/>	
ASME NQA-1, Requirement 15, Control of Nonconforming Items	<input type="checkbox"/>	<input type="checkbox"/>	
ASME NQA-1, Requirement 16, Corrective Action	<input type="checkbox"/>	<input type="checkbox"/>	
ASME NQA-1, Requirement 17, Quality Assurance Records	<input type="checkbox"/>	<input type="checkbox"/>	
ASME NQA-1, Requirement 18, Audits	<input type="checkbox"/>	<input type="checkbox"/>	
ASME NQA-1, Subpart 2.2, Quality Assurance Requirements for Packaging, Shipping, Receiving, Storage, and Handling of Items for Nuclear Power Plants	<input type="checkbox"/>	<input type="checkbox"/>	
ASME NQA-1, Subpart 2.7, Quality Assurance Requirements for Computer Software for Nuclear Facility Applications	<input type="checkbox"/>	<input type="checkbox"/>	
ASME NQA-1, Subpart 2.14, Quality Assurance Requirements for Commercial Grade Items and Services	<input type="checkbox"/>	<input type="checkbox"/>	
Identify other ASME NQA-1 Part II, Subparts applicable to the quality assurance/quality control program _____			

DOE ORDER 414.1

Indicate whether your QA/QC Manual and/or Implementing procedures address the following			
DOE ORDER 414.1 Requirement	Yes	No	Procedure number or QA Manual Section
DOE Order 414.1, Attachment 2, Quality Assurance Criterion, (1) -Program Establish an organizational structure, functional responsibilities, levels of authority, and interfaces for those managing, performing, and assessing work. Establish management processes, including planning, scheduling, and providing resources for work. (An NQA-QA Program will need to describe the management process for providing resources)	<input type="checkbox"/>	<input type="checkbox"/>	
DOE Order 414.1, Attachment 2, Quality Assurance Criterion (2)- Personnel Training and Qualification Train and qualify personnel to be capable of performing assigned work. Provide continuing training to personnel to maintain job proficiency.	<input type="checkbox"/>	<input type="checkbox"/>	
DOE Order 414.1, Attachment 2, Quality Assurance Criterion (3) - Quality Improvement Establish and implement processes to detect and prevent quality problems. Identify, control, and correct items, services, and processes that do not meet established requirements. Identify the causes of problems and include prevention of recurrence as a part of corrective action planning. Review item	<input type="checkbox"/>	<input type="checkbox"/>	

APPENDIX E	SUPPLIER QUALITY ASSURANCE QUESTIONNAIRE (10/7/2010)	Page 3 of 4
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Indicate whether your QA/QC Manual and/or Implementing procedures address the following			
DOE ORDER 414.1 Requirement	Yes	No	Procedure number or QA Manual Section
<p>characteristics, process implementation, and other quality-related information to identify items, services, and processes needing improvement.</p> <p>(The DOE Order extends the requirements of NQA-1 to all problems including all conditions adverse (not limited to significant) to quality and to all nonconforming items (not limited to generic)).</p>			
<p>DOE Order 414.1, Attachment 2, Quality Assurance Criterion (4) Documents and Records</p> <p>Prepare, review, approve, issue, use, and revise documents to prescribe processes, specify requirements, or establish design. Specify, prepare, review, approve, and maintain records.</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>DOE Order 414.1, Attachment 2, Quality Assurance Criterion (5) Work Processes</p> <p>Perform work consistent with technical standards, administrative controls, and hazard controls adopted to meet regulatory or contract requirements using approved instructions, procedures, etc. Identify and control items to ensure their proper use. Maintain items to prevent their damage, loss, or deterioration. Calibrate and maintain equipment used for process monitoring or data collection.</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>DOE Order 414.1, Attachment 2, Quality Assurance Criterion (6) Design.</p> <p>Design items and processes using sound engineering/scientific principles and appropriate standards. Incorporate applicable requirements and design bases in design work and design changes. Identify and control design interfaces. Verify/validate the adequacy of design products using individuals or groups other than those who performed the work. Verify/validate work before approval and implementation of the design.</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>DOE Order 414.1, Attachment 2, Quality Assurance Criterion, (7) Procurement.</p> <p>Procure items and services that meet established requirements and perform as specified. Evaluate and select prospective suppliers on the basis of specified criteria. Establish and implement processes to ensure that approved suppliers continue to provide acceptable items and services.</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>DOE Order 414.1, Attachment 2, Quality Assurance Criterion, (8) Inspection and Acceptance Testing.</p> <p>Inspect and test specified items, services, and processes using established acceptance and performance criteria. Calibrate and maintain equipment used for inspections and tests.</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>DOE Order 414.1, Attachment 2, Assurance Criterion, (9) Management Assessment.</p> <p>Ensure that managers assess their management processes and identify and correct problems that hinder the organization from achieving its objectives.</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>DOE Order 414.1, Attachment 2, Quality Assurance Criterion, (10) Independent Assessment.</p> <p>Plan and conduct independent assessments to measure item and service quality and the adequacy of work performance and to promote improvement. Establish sufficient authority and freedom from line management for independent assessment teams. Ensure that persons conducting independent assessments are technically qualified and knowledgeable in the areas to be assessed.</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>DOE Order 414.1, Attachment 2, Suspect Counterfeit Items</p> <p>Preventing the introduction and use of S/CIs through engineering involvement, design, procurement, testing, inspection, maintenance, evaluation, disposition, reporting, trend analysis, and lessons learned work process controls. Training and</p>	<input type="checkbox"/>	<input type="checkbox"/>	

Indicate whether your QA/QC Manual and/or Implementing procedures address the following			
DOE ORDER 414.1 Requirement	Yes	No	Procedure number or QA Manual Section
informing managers, supervisors, and workers on S/CI processes and controls (including prevention, detection, and disposition of S/CIs). Identifying and disposing of S/CIs onsite. Restricting S/CI use to only those items that have been found acceptable through engineering analysis and formal disposition process. Collecting, maintaining, disseminating, and using the most accurate, up-to-date information on S/CIs and associated suppliers using all available sources. (An NQA-1 QA program will need to be expanded to address Suspect Counterfeit items)			
DOE Order 414.1, Attachment 2, Safety Software Quality Requirements Is your software quality assurance program based on national or international standards? If yes, identify which ones apply below: ___ASME NQA-1, Part I, Requirement 3 ___ASME NQA-1, Part I, Requirement 11 ___ASME NQA-1, Part II, Subpart 2.7 Other_____	<input type="checkbox"/>	<input type="checkbox"/>	
DOE Order 414.1, Attachment 2, Safety Software Quality Requirements Is your software quality assurance program based on DOE G 414.1-4, <i>Safety Software Guide for use with 10 CFR 830 Subpart A, Quality Assurance Requirements, and DOE O 414.1C, Quality Assurance</i> ?	<input type="checkbox"/>	<input type="checkbox"/>	
DOE Order 414.1, Attachment 2, Safety Software Quality Requirements Does your quality assurance program define a process for identifying and evaluating software failures and their effects on system performance (software hazard analysis)?	<input type="checkbox"/>	<input type="checkbox"/>	
DOE Order 414.1, Attachment 2, Safety Software Quality Requirements Does your software quality assurance program define a method for grading safety software and establishing controls based on the level of importance?	<input type="checkbox"/>	<input type="checkbox"/>	
DOE Order 414.1, Attachment 2, Safety Software Quality Requirements Does your software quality assurance program include controls for software configuration management and quality planning, software risk management, software procurement and supplier management, software requirements identification and management, software design and implementation, software verification and validation, and problem reporting and corrective action?	<input type="checkbox"/>	<input type="checkbox"/>	
DOE Order 414.1, Attachment 2, Safety Software Quality Requirements Do you train personnel who design, develop or use safety software?	<input type="checkbox"/>	<input type="checkbox"/>	

General

<p>Do you understand the questions above? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If no, please provide your comments or suggestions. Also, provide any additional information relevant to your quality assurance program.</p>
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